

Appendix 2

SURVEY OF SERVICES PROVIDED TO STUDENTS BY SCHOOL NURSES AND OTHER SCHOOL HEALTH WORKERS

School District _____
Name of Person Filling Out Survey _____
Title _____
Address _____
Phone Number _____

Part 1: Student Demographics

Please provide information on the number of students (headcount) in your school district. (To be filled out by the District Representative)

Number of Students

Preschool _____
Elementary/Primary _____
Middle/Jr. High _____
High _____

Part 2: Staffing School Nurses and Other Health Care Workers

Please provide information on the number of school nurses and other school health workers in your school districts. (To be filled out by the District Representative with assistance from school building nursing staff)

School Health Personnel	Number of FTEs	Number of Employees in Each Category (headcount)
RN - Certificated (RN-ESA)		
RN - Not Certificated (RN)		
Licensed Practical Nurse (LPN)		
Emergency Medical Technician (EMT)		
School Office Personnel (SOP)		
Paraprofessionals (classroom aide/instructional assistant) (PP)		
Teacher (TCH)		
Contractual Health Services (type) (C)		
Volunteer (V)		
Other (Please describe): (O)		

Part 3: Activities of School Nurses and Other Health Workers

Please provide the number of incidences of the following health activities and indicate with an "X" which staff person(s) perform the following activities or procedures in your district. If more than one staff person performs the activity or procedure, please indicate with a "P" which person has the primary responsibility for the performance of the activity. If you are presenting the number of annual incidences, please indicate with an "A" next to the number (e.g., 8A) within the No. of Incid. Box.

Activity	Responsible Activity/Procedure										
	No. of Incid.	R N E S A	R N	L P N	E M T	S O P	P P	T C H	C	V	O
Activities of daily living (ADL)											
Assistive devices											
Blood pressure monitoring											
Central venous line care											
Child abuse - Reporting											
Clean intermittent catheterizations (CIC)											
Drug and alcohol assessment											
Feedings - gastrostomy											
Feedings - nasogastric											
Feedings - oral											
Finger stick glucose testing											
First aid - administration											
Follow-up of health problems with parent											
Follow-up of health problems with physician											
Formal health assessments											
Home visits											
Immunization compliance monitoring											
MDT meetings											
Medications (other than oral)											
Medications-Oral											
Medications-Inhalers											
Oxygen administration											
Positioning											
Pregnancy case management											
Prescribed exercises - performs											
Prescribed exercises - supervises											
Respirator care/ventilator											
Respiratory care/nebulizers/peak flow meters											
Review student health records											
Screening - dental											
Screening - hearing											

	Responsible Activity/Procedure
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Activity	No. of Incid.	R N E S A	R N	L P N	E M T	S O P	P P	T C H	C	V	O
Screening - height and weight											
Screening - spinal											
Screening - vision											
Seizure management											
Stoma care (other than gastrostomies)											
Suctioning - tracheal (other than oral)											
Suctioning oral											
Other (list)											
Counseling											
Mental health											
Pregnancy											
Suicide											
Other (describe)											
Other Activities											
Classroom teaching											
Clerical activities											
Education curriculum development											
Staff training											
Staff wellness and health promotion											
Other											
Health Room											
Who staffs your health room? (Check all that apply)											

Part 4: Illnesses and Disabilities of Students

Please provide the number of students with the following illness or disability and indicate with an "X" which staff person(s) is responsible for assisting that student.

Illness or Disability	Responsible Staff Person										
	No. of students	R N E S A	R N	L P N	E M T	S O P	P P	T C H	C	V	O
Allergies - life threatening											
Asthma - on medication											
Attention deficit disorder											
Cancer											
Crohn's disease											
Cystic fibrosis											
Diabetes											
Drug/alcohol abuse											
Eating disorders (anorexia, bulimia)											
Genetic disorder (e.g., downs syndrome, neurofibromatosis)											
Heart disease											
Hemophilia/bleeding disorder											
Kidney disease											
Migraine headaches											
Neuromuscular disorder, nonprogressive (e.g., cerebral palsy)											
Neuromuscular disorder, progressive (e.g., muscular dystrophy)											
Organ transplant											
Orthopedic disability (permanent)											
Orthopedic disability (temporary, e.g., broken bone)											
Pregnancy											
Psychiatric disorder											
Rheumatoid arthritis, lupus, autoimmune disease											
Seizure disorder											
Severe sensory deficits (deaf and/or blind)											
Students with do not resuscitate (DNR) requests											
Tourette syndrome											
Traumatic brain injury											
Ulcers											
Vegetative state (e.g., coma)											
Other severe ailments requiring health care or monitoring											

4a. How many student deaths has occurred over the past 12 months and please indicate the cause or contributing condition?

- ☐ Medical conditions
☐ Trauma
☐ Other - please describe (e.g., suicide)

Part 5: CPR/First Aid Training for School Nurses and Health Care Workers

Please indicate the number of school nurse and health care workers holding a current CPR or first aid certificate.

CPR/First Aid Training	RN ES A	RN	LP N	EM T	SO P	PP	TC H	C	V	O
Number with current CPR certification										
Number with current first aid certificates										

Part 6: Documentation Procedures Information Management

Please provide information on how your school district documents health care needs and activities.

6a. How are visits documented? (check all that apply)

- ☐ Daily log
☐ Pupil health cards
☐ Medication administration records
☐ All of the above
☐ Other

6b. Do you use computers to assist in managing the health care needs and activities?

- ☐ Yes
☐ No

If yes, for which of the following activities do you use a computer?

- ☐ Clinic log
☐ Immunization
☐ Resource information
☐ Screening
☐ Student records
☐ Student testing
☐ Case management
☐ Medicaid billing
☐ Documentation of nursing activity
☐ Letters to parents
☐ Nursing care plans

_____ All of the above

6c. Does your district have a district-wide database that can access transfer student information?

_____ Yes

_____ No

If yes, can this information be transferred:

Between buildings within your school district?

_____ Yes

_____ No

To OSPI?

_____ Yes

_____ No

To other districts?

_____ Yes

_____ No

Thank you for your assistance. If you have any questions, please contact your designated SNOW representative or Martin Chaw, Senior Management Auditor, at (360) 786-5186.

Please return this survey to:

**Attn Martin Chaw - School Nurses Survey
Joint Legislative Audit and Review Committee
506 16th Avenue SE
Olympia WA 98501-2323**